



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 5.5.101 SPECIAL ACTIVITIES
Effective Date:	November 3, 1997 Page 1 of 5 and Attachments
Revision Date(s):	September 30, 2003, July 1, 2006, May 30, 2007, August 8, 2012, July 30, 2020, June 15, 2021
Reference(s):	DOC Policy 5.5.2 Inmate Organizations
Signature:	/s/ Jim Salmonsens / Warden

I. PURPOSE:

To establish procedures for allowing qualified inmates and/or outside guests to participate in special activities that are outside the routine, normal daily activities and operations of the facility, when the activity has been properly organized, funded, and approved.

II. DEFINITIONS:

Guest – For the purpose of this procedure means a person from the community who has been approved to attend the special activity as a facilitator or dignitary.

Inmate Organization – For the purpose of this procedure means an organization formed and approved under MSP Procedure 5.5.2 whose members are allowed to participate in approved Special Activities arranged by the Inmate Organization for its members in accordance with the Department and Division mission. Inmates involved in religious, cultural, treatment, recreational, or other services provided by the facility are not considered as inmate organizations. An inmate organization's Special Activity may include guests who attend and participate on a volunteer basis.

Inmate Welfare Funds (IWF) – The account that is in the state special revenue fund that is the repository for net proceeds from inmate canteen purchases and inmate telephone use, cash proceeds from the disposition of confiscated contraband, and any public money held for the needs of inmates and not otherwise allocated; also referred to as Inmate Welfare Account.

Special Activity/Event – Means an activity or event held on the grounds of MSP on a specified date, time period, and place, attended by approved inmates and/or guests. There are two types of Special Activities as set out in III.A., 1) approved activities arranged by a duly formed Inmate Organization for its members; and, 2) activities that are open to all inmates. Activities or events that are governed by other policy or procedure or are regular, routine, scheduled activity such as recreation, meals, religious services, school, work, visiting, treatment programs, library, tours, etc., are not considered special activities.

III. PROCEDURES:

A. Types of Special Activities

1. Inmate Organization
 - a. these activities are only for the inmates who are current members of an approved inmate organization. Each inmate attendee must be in good standing with the organization.

- b. the participants may include approved guests.
- 2. Other
 - a. these activities are open to all inmates.
 - b. outside participants (guests) will be limited to the persons facilitating the program.
 - c. these activities include:
 - 1) religious/faith-based gatherings such as Discovery Weekend, Spiritual Gathering, Re-Entry Program, etc.
 - 2) habilitative/Treatment oriented gatherings such as the NA/AA 12 Step Recovery Program.

B. Proposals/Application Procedure

1. At least 30 days prior to the proposed activity, the designated staff sponsor must submit a Special Activity packet (attachment A) outlining the details of the proposed activity to the Associate Warden of Security and Administrative Services Bureau Chief for review and approval. The packet must be completed. Instructions and reminders for preparing and filling out the packet are included. The details in the packet must include the following:
 - a. a cover page with the name of the proposed special activity, its sponsor(s), location, date, and time frame.
 - b. a page with narrative on why the special event is being proposed.
 - c. a page outlining the approved staff sponsor(s) for the activity. One sponsor is required for every 35 participants.
 - d. a page describing the location/assembly site of the activity.
 - e. a page with the detailed itinerary for the activity.
 - f. a page on provisions for a meal, if applicable.
 - g. a page on provisions for any special equipment that will be used, if applicable.
 - h. a page listing the inmates approved for the work crew duties (must have six months clear conduct), if applicable. These inmates must be selected from the approved inmate attendees.
 - i. a section on inmates who have been approved to attend/participate.
 - j. a page with the names of approved guests, if applicable. No family member or person on an inmate visiting list will be allowed to attend as a guest unless they are an approved facilitator or dignitary.
 - k. a page for the required approval signatures from administrative staff.
2. If the proposal is approved, the sponsor will:
 - a. seek approval for necessary IWF funding. Any time there will be an expenditure from the IWF for a special activity, a purchase request must be processed through the IWF representatives, and approved by accounting for availability of funds, prior to the event, allowing sufficient time for the purchase to be completed.
 - b. inform the inmates involved that they may attend the activity.
 - c. the sponsor is responsible for notifying the approved guests. No additions or substitutions will be authorized following the final approval of the proposal.
3. Disapproved proposals will be returned to the sponsor with the reasons for the disapproval. An activity proposal may be disapproved for:

- a. late submission of the proposal. Proposals must be submitted at least 30 days prior to the day of the activity.
- b. insufficient staff sponsorship in the proposal. One sponsor is required for every 35 participants.
- c. unspecified guests in the proposal.
- d. unlimited or unreasonably large numbers of participants in the proposal. The maximum number of participants, including the inmates and guests, is 100.
- e. prior documented (e.g., incident reports or disciplinary which resulted in a finding of guilt) disruption(s) to the prison by:
 - 1) inmates or guests during prior activities
 - 2) the inmate organization or members functioning in the name of the organization.
- f. failure to abide by the rules and procedures for applying or carrying out a previous activity.
- g. failure to pay for expenses incurred from a previous activity.

C. Sponsor's Responsibilities for Activities

1. Must oversee all aspects of the activity.
2. Must be present during set up and clean up and shall monitor the work crew inmates at all times.
3. The sponsor must contact the appropriate Shift Commander to determine whether or not there will be enough security staff available on the day and time frame of the activity to provide security for the special activity. If the Shift Commander determines there is enough security staff available the Shift Commander will adjust the schedule at that time and assign officers to provide security coverage for the special activity.
 - a. if the Shift Commander determines there is not enough security staff available on the day and time frame of the activity, the Associate Warden of Security or designee will be contacted.
 - 1) the Associate Warden of Security or designee will adjust security staff as necessary to provide for the special activity.
 - b. in the event of exigent circumstances and it is determined there is not enough security staff for the special activity, the Sponsor will provide an alternate day and time frame for the activity.
4. Must complete the activity packet and obtain all signatures and turn it into the Administrative Services Bureau Chief.

D. Requirements and Limitations

1. Each special activity is limited to one per calendar year for each of the two compounds (low and high). For example, two Discovery Weekends may be approved each year; one for the high compound on one day and one for the low compound, a few weeks or months earlier or later.
2. An inmate must have at least six months clear conduct prior to the date(s) of the special activity in order to attend.
3. Activities that allow attendance of guests are restricted to no more than 100 participants.

The employee sponsor will invite approved dignitaries/guests.

4. Exchange of Items
 - a. the Warden or designee, in conjunction with the Religious Activities Coordinator, may authorize a specific item for gift-giving or "give-away" to an approved guest as a religious ritual *at a Special Activity of a spiritual or ceremonial nature.*
 - 1) "giveaways" are limited to a pair of beaded or horsehair earrings for women and a beaded or horsehair key ring for men.
 - 2) the Religious Activities Coordinator or Religious Activities Specialist shall inspect the gift prior to the gathering or ceremony, tag the gift with the name of the giver and receiver, and store the gift in the appropriate communal religious locker at the RAC Building.
 - 3) MSP and the Department of Corrections are not responsible for the loss or destruction of such gifts.
 - 4) guests may not bring gifts for distribution. No gifts may subsequently come back into the institution.
 - b. inmates and guests may not exchange items at any other activity.
5. Security Inspections:
All guests must pass through a metal detector. They are subject to a pat search and all other security procedures prior to admission to MSP and any time during the event.
6. Physical Contact:
Inmate-guest physical contact will be limited to handshakes or traditional religious practices only. Violations will result in the guest being escorted off the premises. The inmate will be dealt with through the inmate disciplinary process.
7. Workers:
 - a. must be selected from the inmates approved to attend the activity.
 - b. must be limited to the lowest number of inmates needed for the tasks, not to exceed four.
 - c. must be limited to the lowest custody inmates in the group, and each inmate must have at least six months clear conduct.
8. Locations:
 - a. special activities will be held at the RAC, a visiting room, or another location determined by the Administration.
 - b. disruptions to other programs and activities must be kept to a minimum.
 - c. cancellation or early termination may be necessary in the event of inclement weather.
9. Time Constraints:
Activities will be scheduled between 9:00 a.m. and 4:00 p.m. The Warden or designee must give written approval for any exception to this timeframe.
10. Meals:
 - a. if one of the three regularly scheduled meals fall within the time frame of the activity the MSP Food Service will provide a meal for the participants (outside guests, sponsors, security staff and inmates) to be served at the event location.

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- b. any extra meal expenses (due to either to an increase in meals served to guests or items not on the regular menu) will be paid for from IWF funds.
- 11. An activity that has already been approved may be suspended if:
 - a. modifications are made to the approved proposal.
 - b. an emergency situation arises
 - c. the inmate organization or members functioning in the name of the organization cause a disruption to the prison.
 - d. there is a failure to abide by the approved procedures for carrying out the activity.

IV. CLOSING:

Questions concerning this operational procedure will be directed to the Associate Warden of Security.

V. ATTACHMENTS:

Special Activity Packet and instruction sheet

attachment A

STATE 02470

*This instruction guide is to help a staff sponsor organize a special activity and fill out a special activity packet.

You need to prepare a "Proposal for Special Activity" packet according to the time frames and steps outlined below. The packet needs to be completed and turned in prior to the 30-day time limit so that, if changes are needed, you can make them and still meet the 30-day deadline.

1. Complete the **Narrative** section, answering the questions that are asked. This is the justification of why the Special Activity is being requested.
2. Complete the **Sponsor Page** for the primary sponsor and other needed sponsors (1 sponsor is required for every 35 participants). The supervisor of each sponsor needs to sign off on this person working. Sponsors need to have at least one-year employment at MSP/MCE.
3. Complete the **Location Approval form** once it's decided when and where you would like to have the activity. You need to get it signed by the location area manager. An example would be the RAC Coordinator if you want to have it at the RAC.
4. Post the **Inmate signup sheets** in the housing units. This needs to be done by the primary sponsor, not inmates. The lists need to be posted in a unit area that all inmates have access to. The lists cannot be carried around by inmates to have other inmates sign. These lists should be left posted for at least two weeks to give everyone a chance to add their name to the list. Inmates must have 6 months clear conduct (calculated from the date of the event) in order to attend. The sponsor will verify this requirement through the respective housing unit teams.
5. Complete the **Itinerary**, making sure that you have noted the count times that fall within the time frames (census checks are at 0930 hrs. and 1330 hrs.). You need to include the time that inmates will be called out and sent back, anything is delivered to the site, when outside guests will be allowed entrance to MSP, and when guests will be escorted to and from the location. The last time entry is when all of the inmates assigned to perform cleanup will be sent back to their housing units.
6. Complete the **Meal & Equipment/Utensil Request form** if the activity requires a meal(s) and utensils or equipment for serving food. All items must come from MSP Food Service.
7. Complete the **Workers form** if inmate workers are needed for setup, food serving, or cleanup on the day of the activity. Up to four inmates are allowed for the crews, but you need to take into account the amount of room in your serving area and whether or not it might be crowded with too many workers. The workers must be selected from those on the 6-month Clear Conduct Pre-Approval sheet. You cannot change a work crew once the Unit Managers approve the inmates on the work crew list. Only the inmates listed are to be working at the activity. You cannot use inmates that are not approved. The sponsor will write-up any unauthorized inmates for Unauthorized Area.
8. Complete the **Dignitaries/Special Guests** form if the inmates in the organization want to invite them. You need to get the social security number, date of birth, and mailing address for each Dignitaries/Special Guest invited that is requesting entrance to the prison for the activity (see the **outside guest for activity spreadsheet**). This information is only needed to submit to a Shift Commander for conducting background checks and must be secured from access to inmates and other staff. The Shift Commander will send a list of those approved and disapproved. The sponsor will notify the people that have been approved and disapproved. You need to add the list of the people approved and disapproved to the packet.
9. You must submit the packet of completed forms with required signatures to the Administrative Services Bureau Chief at least 30 days prior to the activity. Start the process allowing enough time to ensure you meet the 30-day deadline. The sponsors responsible for getting the signatures needed on the last page of the packet.

Montana State Prison
Proposal for Special Activity

Name of Organization *(if applicable)*: _____

Staff Sponsor(s): _____

Name of Activity: _____

Location: _____

Date of Activity: xxxxxx day, xxxxxx xx, 20xx

Time of Activity: _____ hours to _____ hours.

Narrative Report of Need for Special Activity

NAME OF ACTIVITY:

DATE OF ACTIVITY: xxxxx day, <month> x, 20xx

TIME OF ACTIVITY: 0xxx hrs to xxxx hrs

LOCATION:

SPONSORS:

XXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXX

Narrative report of need for Special Activity

Please include the following information:

1. Who is the sponsor(s) and/or group that is planning this special activity?
2. Why is this special activity needed and/or necessary?
3. What day is proposed for this special activity?
4. What is the proposed time frame/itinerary for this special activity?

MSP Inmate Activity or Organization Sponsor Application Form

Staff Name: _____

Date Submitted: ____/____/____

Organization or Activity Seeking Sponsor Status For: _____

How long have you been an employee of MSP/MCE? _____

Are you currently the primary sponsor of any other activity, inmate organization, or event? YES NO

If YES what activity or event are you currently sponsoring? _____

If you are currently sponsoring an activity what day is it scheduled for? _____

Have you sponsored any other activities, events, or organizations in the past year? YES NO

If YES what activities, events, or organizations have you sponsored? _____

If you sponsored an activity or activities what day(s) were they held ? _____

What is the reason or rationale for your application to sponsor this inmate activity or organization?

Projected number of hours or time required to be the sponsor requested on this form: _____

Term of Sponsorship: _____

By my signature below I acknowledge that if approved to be a sponsor I am required to comply with the provisions of *MSP Operational Procedure 5.5.103, Inmate Organization & Special Activity Sponsors* and all applicable DOC and MSP policies, rules, and procedures in carrying out my duties and tasks as a sponsor.

Signature of Requesting Staff Person: _____ Date: _____

Approval of Immediate Supervisor: _____ Date: _____

Approval of Administrative Services Bureau Chief: _____ Date: _____

Approval of Associate Warden of Security: _____ Date: _____

NAME OF ACTIVITY:

DATE OF ACTIVITY: [REDACTED] day, [REDACTED] month, 20[REDACTED]

TIME OF ACTIVITY: 0[REDACTED] hrs to [REDACTED] hrs

LOCATION:

SPONSORS:

[REDACTED]

[REDACTED]

[REDACTED]

Special activities will be held at the RAC, a visiting room, or another location determined by the Administration.

Disruptions to other programs and activities must be kept to a minimum.

By my signature below I approve the use of the above listed location on the day(s) and during the time frame listed above.

APPROVED: _____
Location Area Manager

_____/_____/_____
Date

Itinerary

NAME OF ACTIVITY:

DATE OF ACTIVITY: [REDACTED] day, [REDACTED] month, 20[REDACTED]

TIME OF ACTIVITY: 0[REDACTED] hrs to [REDACTED] hrs

LOCATION:

SPONSORS:

[REDACTED]
[REDACTED]
[REDACTED]

08[REDACTED] hrs. – sponsor will chit out necessary keys from [REDACTED].

08[REDACTED] hrs. – sponsor will call the units to have the approved workers sent to the location.

08[REDACTED] hrs. – guests start arriving at the entrance.

08[REDACTED] hrs. – assigned security staff escort the guests from lobby entrance to the location. Late guests won't be allowed in.

08[REDACTED] hrs. – sponsor will call the units to send approved inmates to the location.

0900 hrs. – activity begins.

0930 hrs. – sponsor(s) and/or security officer(s) conduct the **Census count**.

10[REDACTED] hrs. – sponsors will pick up the food and food serving equipment at the high kitchen.

1100 hrs. – meal is served.

1330 hrs. – sponsor(s) and/or security officer(s) conduct the **Census count**.

1600 hrs. – Event ends. Security staff will escort the guests out. Sponsor will call units to inform them that all inmate participants are being sent back to their units. The inmate workers stay to do cleanup.

16[REDACTED] hrs. – cleanup is complete. Sponsor escorts the workers back to their units.

16[REDACTED] hrs. – sponsors will return food serving equipment.

16[REDACTED] hrs. – sponsor will return keys to [REDACTED] and get their chits.

Cancellation or early termination may be necessary in the event there is a failure to abide by the approved procedures for carrying out the activity or there is inclement weather.

Meal & Equipment/Utensil Request *(if applicable)***NAME OF ACTIVITY:****DATE OF ACTIVITY:** xxxxx day, <month> x, 20xx**TIME OF ACTIVITY:** 0xxx hrs to xxxx hrs**LOCATION:****SPONSORS:**

XXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXX

Meal(s) Needed and Times Needed: ☐ Lunch _____ hours ☐ Dinner _____ hours

Number of Staff Participants: _____

Number of Guests: _____

Number of Inmate Participants: _____

Total Number of Meals Needed: _____

Special Equipment: (list utensils here)

Quantity	Description	Hourly Checks								
		0900	1000	1100	1200	1300	1400	1500	1600	1700

Special Notations:

1. Depending on the meal, the kitchen supervisors will chit out needed utensils. All utensils must be returned before 1730 hrs.
2. The sponsor(s) will perform an hourly tool count on all utensils chitted out.

APPROVED: _____
Food Service Director

_____/_____/_____
Date

Inmate Workers (if applicable)

NAME OF ACTIVITY:
DATE OF ACTIVITY: xxxxx day, <month> x, 20xx
TIME OF ACTIVITY: 0xxx hrs to xxxx hrs
LOCATION:
SPONSORS:
xxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxx

A maximum of four inmate workers are allowed for the crew, however it must be limited to the smallest number necessary.

These inmates have been approved on the Unit approval forms and will perform setup, serving, and cleanup tasks on the day of the Activity:

	Unit	Inmate (last name, first name)	ID#	Supervisor
1				Sponsor
2				Sponsor
3				Sponsor
4				Sponsor


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XXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXX
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Approved Guests (if applicable)

NAME OF ACTIVITY:

DATE OF ACTIVITY: [redacted] day, [redacted] month, 20[redacted]

TIME OF ACTIVITY: 0[redacted] hrs to [redacted] hrs

LOCATION:

SPONSORS:

[redacted]
[redacted]
[redacted]

The sponsor will obtain the information needed for the background checks from the invited guests and will forward it to the Command Post to have background checks conducted. The Command Post will send the sponsor a list of who has and hasn't passed the check. The sponsor will fill in this form based on that information.

The following dignitaries/special guests have been approved by the Command Post for background check purposes. Documentation is on file in the office of the Associate Warden of Operations.

Last Name	First Name

Special Notations:

I will escort, or have arranged for other staff to escort, the above listed person(s) to and from the special activity location.

Sponsor

Date

Administrative Review Approval

NAME OF ACTIVITY:
DATE OF ACTIVITY: xxxxx day, <month> x, 20xx
TIME OF ACTIVITY: 0xxx hrs to xxxx hrs
LOCATION:
SPONSORS:
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX

The sponsor must submit the completed activity packet to the following people for approval at least 30 days prior to the activity.

_____	____/____/____
Administrative Services Bureau Chief	Date
_____	____/____/____
Associate Warden of Security	Date

Cc:	Housing Units:	A	B	C	D	WRC	HSU-I	HSU-II	RHU	SAU	MDIU
	Associate Warden of Security		Administrative Services Bureau Chief				Command Post	Change House	Guard Station	Checkpoint	
			Lobby	Main Control							